BGC-APP-032 (Rev. 11/07)

#### DEPARTMENT OF JUSTICE **BUREAU OF GAMBLING CONTROL**

#### LEVEL I SUPPLEMENTAL INFORMATION

#### **INSTRUCTIONS**

Each "other employee" and "player" as defined in Title 4, California Code of Regulations, Chapters 2.1 and 2.2, for Third-Party Providers of Proposition Player Services and Gambling Businesses must complete the Level I Supplemental Information and submit all required forms, documentation, and deposits. Originals are required unless otherwise stated. Any corrections or alterations must be initialed and dated by the applicant.

Regular Mail Delivery California Gambling Control Commission P.O. Box 526013 Sacramento, CA 95852-6013

Commercial/Personal Delivery California Gambling Control Commission 2399 Gateway Oaks, Suite 100 Sacramento, CA 95833-4231

Pursuant to Business and Professions Code section 19868, subd. (a), the supplemental information package will not be deemed complete until all required forms, documentation, and deposits have been received by the Bureau.

Forms/Documentation	Submitted
Level I Supplemental Information (BGC-APP-032 (Rev. 11/07)) (includes Instructions)	
Authorization to Release Information (BGC-APP-006 (Rev.04/08))	
Appointment of Designated Agent For Owners and Proposition Players (BGC-APP-031 (Rev.11/07))	
Employment Contract - Copy	
Current Local License, Permit, Badge, etc Copy	
Naturalization Certificate - If naturalized citizen, copy of your naturalization certificate	
If after a review it is determined that further investigation is needed, a deposit of \$300 shall be required.	

Applicant is responsible for all investigative costs incurred by the Bureau. At the conclusion of the investigation, an itemized accounting will be provided. Monies received in excess of the actual costs incurred will be refunded.

State of California Department of Justice

### **Level I Supplemental Information**

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California Department of Justice **Bureau of Gambling Control** 1425 River Park Drive, Suite 400 Sacramento, CA 95815 (916) 263-3408

#### LEVEL I SUPPLEMENTAL INFORMATION

Instructions: Type or print legibly in ink an answer to every question. If a question does not apply to you, indicate with "N/A" (Not Applicable.) If the space available is insufficient, use a separate sheet and precede each answer with the applicable section and question number. Do not misstate or omit any material fact(s) as each statement made is subject to verification. Any corrections, changes or other alterations must be initialed and dated by the applicant. Type of Employer: □ TPPPPS ☐ Funding Source for TPPPPS ☐ Gambling Business ☐ Funding Source for Gambling Business Type of License Applying for: □ Player ☐ Other Employee 1. California Gambling Control Commission (CGCC) Registration Category: ☐ Primary Owner □ Owner ☐ Supervisor ☐ Player ☐ Other Employee CGCC Badge Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Function/Position in business: Name of individual applicant: \_\_\_\_\_LAST FIRST MIDDLE Business name of TPPPPS or Gambling Business: 3. Mailing address of TPPPPS or Gambling Business: 4. If applicant for a Funding Source, business name of Funding Source: 5 Mailing address of Funding Source: Affix a passport quality photograph taken within the Date of photograph:\_\_\_\_\_ last 30 days here.

#### **Section 1. Personal History Information**

#### **(A)** PERSONAL INFORMATION:

Last name		First name	First name Middle name (if no middle name, indicate "NMN")					
Alias(es), ni	cknames, ma	iden name, other name ch	anges, legal or otherwise					
Present resid	dence address	3	City, county, state, z	City, county, state, zip code				
Mailing address (if different from above)			City, county, state, z	ip code				
Present employer business address			City, county, state, z	ip code				
Current occupation  Date of birth		Phone: Residence ( ) Business ( ) Fax ( ) Place of birth (city, c	Residence ( ) Business ( )					
Age	Social secu	rity number*	Gender:  ☐ Male ☐ 1	Female	Drivers license/identification card number: State issued:			
Eye color	Hair color		Weight	Height				
* Applicants a Code sections 19864(b)(6)	are required to 19841(a)(2), and 19865.	This information is used	rity number. This requir to obtain records relevant	t to backgr	cound investigat			
•		embers who work in the g wing. If more space is near			No			
	Name Address		Relationship	-	tion Held	<b>Business Name</b>		
Are you a Uni Alien registra		tizen?  Yes No	If NO, what country? _ If naturalized: Certifica Alien Number:	te Number	r:			

State of California Department of Justice

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<b>(B)</b>	MARITAL INI	FORMATION:						
	☐ Single	☐ Married	☐ Separated	□ Divo	rced	□ Widowed		
<u>Inform</u>	ation regarding cu	rrent spouse:						
Full na	nme: Last		First	Middle		Maiden		
Date of								
Reside	nce address (if diff	ferent from appli	cant):	City		State	Country	
Teleph	one: Residence (	)		Business ( )				
Emplo	yer:			Occupation:				
Addres	ss of employer:	Street	City		State	Ziŗ		
Date of	f marriage:	//						
FORM	IER MARRIAGE							
	Name (Last,	First, Middle, Ma	aiden)	Dates of Marria (From-To)	age		d State of Divorce	
<u> </u>					Atta	ach an additional	sheet if necessary.	
(C)	FAMILY INFO	ORMATION:						
			nation for each of yo	our children (inclu	ding step, a	dopted, foster ch	ildren) and	

Name (Last, First, Middle, Maiden)	Date of Birth	Address	Telephone No.	Relationship
			( )	
			( )	
			( )	
			( )	
			( )	

Attach an additional sheet if necessary.

### **Level I Supplemental Information**

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#### (2) Co-habitants and/or Roommates

List any adults, not disclosed above, with whom you reside.

Name (Last, First, Middle, Maiden)	Date of Birth	Employer/ Occupation	Employer Address & Telephone	Relationship
			,	
			( )	
			( )	
			,	
			( )	

Attach an additional sheet if necessary.

#### (3) Parents and/or Stepparents

List name, date of birth, place of birth, residence address, and most recent occupation of parents and/or stepparents. If retired or deceased, list last address and occupation.

Date of Birth	Place of Birth	Address	Telephone No.	Occupation
			,	
			( )	
			( )	

Attach an additional sheet if necessary.

#### (4) Brothers and Sisters

List name, date of birth, place of birth, residence address, and most recent occupation of brothers and sisters. If retired or deceased, list last address and occupation.

Name (Last, First, Middle, Maiden)	Date of Birth	Place of Birth	Address	Telephone No.	Occupation
				( )	
				,	
				( )	
				( )	
				( )	
				,	
				( )	

Attach an additional sheet if necessary.

# (D) EMPLOYMENT HISTORY: Beginning with your current employment, list your employers and periods of unemployment during the last 10 years.

Month and Year (From-To)	Name/Mailing Address/Employer Telephone Number	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year (From-To)	Name/Mailing Address/Employer Telephone Number	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year (From-To)	Name/Mailing Address/Employer Telephone Number	Reason for Leaving
Title	Description of Duties	Name of Supervisor

Attach an additional sheet if necessary.

#### (E) RESIDENCES: Please list all your residences (most recent first) for the past 10 years.

Month and Year (From-To)	Street and Number	City	County and State	Rent/Own (Check One)
				Rent
				Rent
				Rent

Attach an additional sheet if necessary.

State of California Level I Supplemental Information BGC-APP-032 (Rev. 11/07)

#### Department of Justice

#### **Section 3. Licensing History Information**

			•		
(1)	Have you ever applied to any loca badge, or license in any state?		ntal agency for a gambling	g establishment emp	ployee permit,
(2)	Have you ever been denied a gam such permit or license revoked or			enforcement agend	cy, or had any
If Y	ES, provide the following details.				
	Local Government Agency	Type of Application	Approved/Denied	Dates Held	Reasons for Denial, Revocation of Suspension
(3)	Have you ever been questioned law enforcement agency?	about your participation in a □ Yes □ No	any gambling offense, in o	or outside of Califor	rnia, or by any
(4)	Have you ever been prohibited establishment by any governme				ng
If Y	ES, provide complete details:				
		Section 4. Criminal Hist	ory Information		
(1)	Have you <u>ever</u> been convicted of unless an order sealing records unissued.) □ Yes □ No				
(2)	Have you been convicted of a mis 1203.4 must be disclosed, unless years of age, has been issued.)				
(3)	Are you currently on probation?	□ Yes □ No			
(4)	Have you ever engaged in any act  ☐ Yes ☐ No	t involving dishonesty or mo	ral turpitude charged or ch	nargeable as a crimi	nal offense?
(5)	Have you <u>ever</u> been convicted of	an offense involving dishone	esty or moral turpitude?	□ Yes □ N	О
(6)	Have you <u>ever</u> engaged in bookm	naking or other illegal gambli	ing activities?	les □ No	
(7)	Have you <b>ever</b> received a pardon	or expungement of any crim	inal offense?	es □ No	

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If YES to "1 - 7," provide the following details, even if a resulting conviction has been expunged or set aside.

Date	Arresting Agency Location - City & State	Original Charge	Final Charge (If amended or reduced)	Court Location- City & State	Case Number	Disposition

Attach an additional sheet if necessary

	1. Author dir discount of the Country of the Countr
(8)	Has a criminal indictment, information, or complaint ever been returned against you which you have not included in "1 - 7" above? ☐ Yes ☐ No
	If YES, provide complete details:
(9)	Have you ever been subpoenaed or ordered to appear or testify before a county, state, or federal grand jury, government board or commission? ☐ Yes ☐ No
	If YES, provide complete details and dates:
(10)	Have you <u>ever</u> been involved in a legal dispute with, or excluded from a gambling establishment, been removed from a gambling establishment by a peace officer or the house, or involved in a patron dispute regarding your activities in a gambling establishment that were subject of a report to a peace officer and resulted in your removal? $\square$ Yes $\square$ No
	If YES, provide complete details and dates:
(11)	Have any incidents of cheating been reported against you to a gambling establishment? ☐ Yes ☐ No
	If YES, provide complete details and dates:

Business Name

#### **DECLARATION**

I,	, declare that I have read the foregoing Level I Supplemental Information
and understand its contents. My statements are true a	and correct and contain a full and true account of the information requested. I
execute this declaration with the knowledge that any	misrepresentation or failure to reveal information requested may be deemed
sufficient cause for denial of an application or revoca	ation of a state license, finding or permit. I have familiarized myself with the
contents of the California Gambling Control Act (Bus	siness and Professions Code section 19800 et seq.), the Regulations of the
California Gambling Control Commission (California	a Code of Regulations, Title 4), and the Regulations of the Bureau of Gambling
Control (California Code of Regulations, Title 11) as	adopted and agree to abide by them.
I expressly waive, release, and forever disch	narge the State of California and its agents from any and all manner of action and
causes of action whatsoever which I, my administrate	ors or executors, can, shall, or may have against the State of California and its
agents, relating to this supplemental information pack	kage.
I declare under penalty of perjury under the	laws of the State of California that the foregoing is true, correct, and complete.
	Date:
Signature	
Printed Name/Title	